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FEDERAL PUBLIC DEFENDER, SOUTHERN DISTRICT OF TEXAS
TRANSCRIPT REQUEST AND INVOICE

1. PURPOSE 1 ☐ TRIAL 2 ☒ APPEAL OF CONVICTION/SENTENCE 2. REQUESTING ATTORNEY
3 ☐ OTHER Philip G. Gallagher

3. DOCKET NO. H-14-526 4. COURT SOUTHERN DISTRICT OF TEXAS

5. IN THE CASE OF U.S.A VS. George Yarbrough

6. PERSON REPRESENTED
George Yarbrough

United States Courts
Southern District of Texas
FILED

7. PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)
Appeal from judgment of conviction and sentence imposed on April 15, 2015.

MAY 05 2015

8. PROCEEDINGS TO BE TRANSCRIBED (Describe specifically and include docket entry number)
10/30/14: Initial Appearance held before the Hon. Frances H. Stacy (docket entry #7) (ERO);
10/30/14: Arraignment held before the Hon. Frances H. Stacy (docket entry #14) (ERO);
10/31/14: Detention Hearing held before the Hon. Frances H. Stacy (docket entry #11) (ERO).

David J. Bradley, Clerk of Court

9. FEDERAL PUBLIC DEFENDER'S REQUEST

As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request preparation of the transcript of the proceedings described above at the expense of the United States pursuant to the Criminal Justice Act.

FPD ACCOUNTING DATA
15 092300 F05TXSF 2532

MARJORIE A. MEYERS
FEDERAL PUBLIC DEFENDER
440 Louisiana, Suite 1350, Houston, Texas 77002-1669

May 5, 2015
DATE
(713) 718-4600
TELEPHONE NUMBER

10. SPECIAL REQUESTS FPD'S INITIALS

A. ☐ Expedited ☐ 14-Day ☐ Daily ☐ Hourly Transcript
B. ☐ Prosecution Opening Statement ☐ Prosecution Argument ☐ Prosecution Rebuttal
☐ Defense Opening Statement ☐ Defense Argument ☐ Voir Dire ☐ Jury Instructions

INVOICE

11. COURT REPORTER/TRANSCRIBER STATUS 14. PAYEE'S ADDRESS
☐ Official ☐ Contract ☒ Transcriber ☐ Other

12. FULL NAME OF PAYEE

13. SOCIAL SECURITY OR EMPLOYER I.D. NO. OF PAYEE 15. TELEPHONE NO.

16. TRANSCRIPT	INCLUDE PG. NOS.	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	DED. AMT. APPORTIONED	TOTAL
A. Original			\$	\$	\$	\$
B. Copy			\$	\$	\$	\$
17. TOTAL CLAIMED:						\$

18. CLAIMANT'S CERTIFICATION

I hereby certify that the above invoice is correct and that I have not claimed or received payment from any other source for the services rendered and claimed in this invoice.

CLAIMANT'S SIGNATURE

DATE

18.A. Clerk's Office Verification of No. of Pages & Rates:

Verified by:

(Signature)

(Date)

19. APPROVED FOR PAYMENT:

AMT. APPROVED:

\$

(Requesting Attorney, Federal Public Defender Office)

DATE